

Department of Planning and Permitting  
City and County of Honolulu

**THIRD PARTY REVIEW CERTIFICATION FORM**

Project Title: \_\_\_\_\_

Building Permit Application No.: \_\_\_\_\_

Tax Map Key Number (s): \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

The undersigned hereby certifies that the undersigned is duly qualified and registered with the Department of Planning and Permitting as a Third Party Reviewer as set forth in Sections 20-7-2 through 20-7-6 of the Department of Planning and Permitting's Administrative Rules, and that the undersigned has reviewed the owner's building permit submission, in compliance with applicable permitting requirements, Section 20-7-6 of the Department of Planning and Permitting's Administrative Rules, and that, in the undersigned's professional opinion, the building permit plans submitted by the owner, are in compliance with the codes, ordinances, rules, and other applicable requirements as set forth in Section 20-1-1 of the Department of Planning and Permitting's Administrative Rules.

Building Code of the City and County of Honolulu - Structural:

Name: \_\_\_\_\_

TPR Registration Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Building/Housing Codes of the City and County of Honolulu - Nonstructural:

Name: \_\_\_\_\_

TPR Registration Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrical Code of the City and County of Honolulu:

Name: \_\_\_\_\_

TPR Registration Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Mechanical requirements as defined in Section 20-7-2(b), Department of Planning and Permitting's Administrative Rules Relating to Administration of Codes:

Name: \_\_\_\_\_

TPR Registration Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Land Use Ordinance:

Name (Print): \_\_\_\_\_

TPR Registration Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Code of the City and County of Honolulu – Residential:

Name: \_\_\_\_\_

TPR Registration Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_